

Congress of the United States

Washington, DC 20510

April 27, 2022

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Committee on Appropriations
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Committee on Appropriations
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

The coronavirus (COVID-19) public health emergency has taken a toll on our constituents' mental well-being and understandably has been stressful for many Americans. We have witnessed firsthand for nearly two years how fear and anxiety about a disease can be overwhelming and cause strong emotions in both adults and children.

The effects of COVID-19 have been well documented, and the need for mental health and suicide prevention services only continues to grow. In 2020, a Centers for Disease Control and Prevention report found that 40% of American adults reported struggling with mental health or substance use issues, which is a 20% increase in prevalence from 2019. A Household Pulse Survey in December 2021 found that 30.7% of adults reported symptoms of anxiety or depressive disorder, which is up from 11% in 2019, and among those adults, 27.8% reported an unmet need for counseling or therapy.

Negative mental health outcomes have also worsened for children. Prior to the pandemic, up to one in five children ages 3 to 17 reported a mental, emotional, developmental, or behavioral disorder. According to a March 2021 Morbidity and Mortality Weekly Report, over 20% of parents reported their school-aged children having experienced an overall worsening of mental or emotional health, and in December 2021, the U.S. Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory to highlight the urgent need to address our nation's worsening youth mental health crisis. The Advisory noted youth mental health challenges have been on the rise even prior to COVID-19, and from 2007 to 2018, the suicide rate among youth aged 10-24 increased by 57%.

We strongly encourage you, as you work in preparing the FY23 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, to fund the following programs that reduce stigma and increase access and availability of mental health services:

1. Community Mental Health Services Block Grant (MHBG) [SAMHSA]
Current Funding Level (FY22): \$855,571,000; Request (FY23): \$1,652,571,000

Purpose of program: The MHBG awards funding to states to supplement existing and/or new mental health services. Services supported include outpatient treatment for serious mental illnesses, such as schizophrenia and bipolar disorders; supported employment and supported housing; rehabilitation services; crisis stabilization and case management; peer specialist and consumer-directed services; wraparound services for children and families; jail diversion programs; and services for at-risk populations (e.g. individuals who are homeless, those in rural and frontier areas, military families, and veterans).

2. Certified Community Behavioral Health Clinics (CCBHCs) [SAMHSA]

Current Funding Level (FY22): \$314,250,000; Request (FY23): \$561,000,000

Purpose of program: The Excellence in Mental Health and Addiction Treatment Act created an eight state Medicaid demonstration designed to provide intensive community-based mental health and addiction treatment services to low-income persons with severe mental illnesses and Opioid Use Disorder through CCBHCs. Congress in 2020, opened these grants up to all fifty states, and funding will provide organizations across the country an opportunity to dramatically expand access to comprehensive and evidence-based mental health and addiction care by attesting to and offering the required array of services.

3. National Institutes of Health (NIH) [HHS]

Current Funding Level (FY22): \$45,000,000,000; Request (FY23): Support highest possible funding

Purpose of program: Continued investments in research will aid in developing rapid, effective treatments for behavioral health disorders and facilitate early identification and intervention. Seeing that mental health and substance use conditions frequently co-occur, the National Institute of Mental Health, National Institute on Drug Abuse, and National Institute on Alcohol Abuse must have sufficient funding to realize this ambitious vision of finding cures to these disabling illnesses.

4. Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP) [HRSA]

Current Funding Level (FY22): \$24,000,000; Request (FY23): \$50,000,000

Purpose of program: The STAR LRP was authorized by Congress in 2017 to respond to the growing opioid epidemic. The program expands the substance abuse treatment workforce by providing loan repayment for eligible mental and behavioral health professionals working full-time in high-need communities or federally-designated mental health professional shortage areas. According to the 2020 National Survey on Drug Use and Health, an estimated 41.1 million Americans aged 12 or older were classified as needing substance use treatment in the past year. Funding for this loan repayment program would help reduce this significant treatment gap by expanding the supply of qualified mental and behavioral health providers.

We would truly appreciate your continued commitment to mental health by funding these key programs in the FY23 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill.

Sincerely,



Grace F. Napolitano
Member of Congress



John Katko
Member of Congress



Peter A. DeFazio
Member of Congress



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Member of Congress



Brian Fitzpatrick
Member of Congress



Stephen F. Lynch
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Emanuel Cleaver, II
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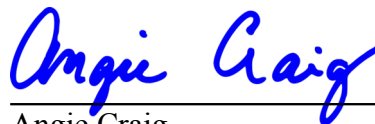
Jamie Raskin
Member of Congress



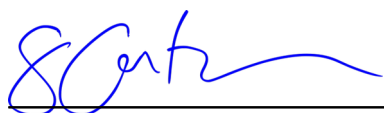
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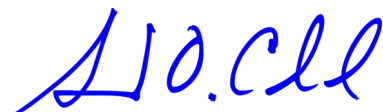
Alan Lowenthal
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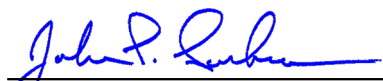
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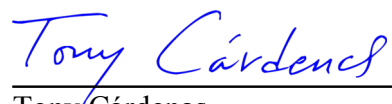
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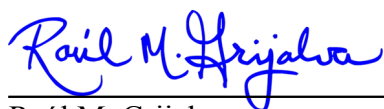
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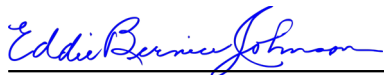
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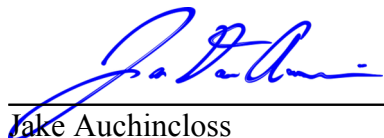
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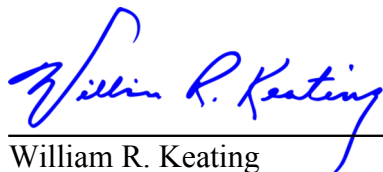
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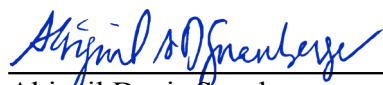
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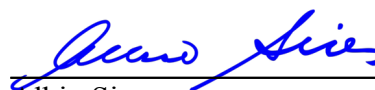
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